



CITY OF ST. PAUL

Department of Safety
and Inspections

375 Jackson Street, Suite 220

Saint Paul, MN 55101 - 1806

Telephone 651-266-8989 Fax: 651-266-9124

CONTRACTOR EXPRESS

Visit our Web Site

www.stpaul.gov/dsi

Contractor Information

Business Name_____

Address_____

City_____State_____Zip_____

Phone # (_____)_____ - _____ State License #_____

Email: _____

Contractor's Signature_____

EXPRESS BUILDING PERMIT APPLICATION

Date: _____

Express work includes the following work types.

Please enter the work type number that is adjacent to the work you are going to perform in the **Work Type** column on the application.

1. Basement Drainage System
2. Chimney Repair
3. Gutters
4. Re-roof (Shingle w/Tear Off)
5. Re-roof (Flat w/Tear Off)

6. Re-roof (Flat w/ Overlay)
7. Re-roof – Slate
8. Re-roof – Tile
9. Residing
10. Residing (w/ Soffit-Fascia)

11. Roof Repair
12. Roof – Slate Repair
13. Roof – Tile Repair
14. Soffit/Fascia/Trim
15. Tuckpointing

16. Windows (Framed Insert or Pocket)
17. Windows (Sash Only)
18. Windows (Glass Block Basement)
19. Windows (Replacement)
20. Windows (Storm)

If Installing Egress Windows, you must comply with the City of Saint Paul's Egress Window Policy or check box if no Egress Windows ☐

The policy can be found at: <http://www.stpaul.gov/DocumentView.aspx?DID=9223> I have read, understand and agree to comply with the Egress Window Policy.

Signature (Required)

Date

PROJECT ADDRESS	Owner	Please check the appropriate boxes	Work Type. #	Est Value	Basic Fee	State Surcharge	Sub Total
Please include Street #, Street, Street Dir	(Include address if different from project)						
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential: _____ Permit #: _____ (# of Units)	Phone #: _____	<input type="checkbox"/> Roofing: _____ (# of squares) <input type="checkbox"/> Siding: _____ (# of squares) <input type="checkbox"/> Windows: _____ (# of windows)					
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential: _____ Permit #: _____ (# of Units)	Phone #: _____	<input type="checkbox"/> Roofing: _____ (# of squares) <input type="checkbox"/> Siding: _____ (# of squares) <input type="checkbox"/> Windows: _____ (# of windows)					
Card Holder Signature:	Card Exp:	Grand Total = \$					
<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa	Card Account #						

**If you are paying for your permit by *American Express, Discover, MasterCard* or *Visa*,
you may fax your application.**

The credit card information section must be filled in and signed.

Our FAX number is 651-266-9124.

If paying by check, please mail the application and the check to us. Make checks payable to: City of St Paul

General Sheet Metal

If installing new metal or replacing existing metal on a residential structure greater than 4 (four) residential units and/or commercial structures, a General Sheet Metal permit is required. Please do not indicate sheet metal work on the Contractors Express application. For General Sheet Metal applications call 651-266-8989 and ask for a Permit/License clerk.

Building Field Inspectors are in the office for inspection requests between 7:30 - 9:00 AM, Monday -Friday.

Phone number is 651-266-9002.

Permit Fee Information can be obtained by calling 651-266-8989, Mon. - Fri., 7:30 - 4:30 PM.

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